



Obstructive Sleep Apnea Educational Brochure

What You Need to Know about Obstructive Sleep Apnea and Surgery

What is Obstructive Sleep Apnea (OSA)?

A condition where you stop breathing (apnea) or have shallow breathing while you sleep. You or a sleeping partner may notice gasping, snorting, or choking sounds. This results in poor sleep quality and daytime tiredness. Sleep apnea increases your risk of other medical conditions like high blood pressure and heart disease.

Sleep apnea is very common and you may not know you have it, as it is not usually detectable during a routine doctor's visit.

You may have sleep apnea if:

- You snore loudly, especially when lying flat on your back
- Someone has noticed you stop breathing during sleep, heard you choke, gasp, or snort and suddenly wake to take a breath
- You feel very tired or sleepy during the day
- You have a headache in the morning
- You have memory or concentration problems
- You are irritable, depressed, or always very tired

Sleep apnea is best diagnosed by a special test called a polysomnogram. However, a screening test can be done to assess your risk for having sleep apnea. This will involve questions related to the symptoms above, your age, gender, height, weight, medical history, and neck size. If you are determined to be "high risk" for sleep apnea during the screening test, we recommend asking your primary care physician for a sleep study referral.

Please tell your doctor if you have sleep apnea. Opioids or narcotic pain medications and medication used for anesthesia can make your sleep apnea worse than normal. It is very important for the doctors and nurses taking care of you to know that you have sleep apnea in order to provide the safest care for you. If you have a breathing machine (CPAP machine) continue to use it before surgery and bring it with you on the day of surgery.

If you are considered “high risk” for sleep apnea, your anesthesia team will take extra measures to ensure your safety during your surgery.

- Your anesthesia medications may be adjusted to account for your increased likelihood of breathing problems after surgery while you are still sleepy.
- We recommend bringing your home CPAP machine so you can use it after surgery.
- You may need extra time in the recovery room or need extra monitoring in the hospital if you are staying overnight.
- You may be asked to stay overnight rather than go home on the day of surgery.

When you go home after surgery:

- **Do not take medicine that makes you sleepy** (unless prescribed by your doctor). Read the label to make sure. Pain medicines in the opioid/narcotic family (like Norco or Percocet) can make you sleepy so be very careful when taking them for pain after surgery.
- **Avoid alcohol.** Alcohol can also make you sleepy and increase sleep apnea symptoms.
- **Do not sleep flat on your back.** Use extra pillows, sleep in a chair, or on your side when sleeping.
- **Use your breathing machine (CPAP) or mouth guard (dental device), if you have them.**
- **For the first 24 hours after you go home, ask a responsible adult to watch over you while you sleep.**
- **Ask your primary care physician for a sleep study referral if you think you might have sleep apnea or have been told you are “high risk” for having sleep apnea.**

Ask a member of your health care team if you have any questions about sleep apnea before your surgery or as you prepare to go home.

Please visit <http://www.stopbang.ca/> OR you can visit our website at: <http://psa-online.net/osa>